

**NEW JERSEY STATE POLICE  
OFFICE OF EMERGENCY MANAGEMENT  
BOX 7068, RIVER ROAD  
WEST TRENTON, NJ 08628-0068**

**TRAINING APPLICATION**

**PLEASE TYPE OR PRINT:**

First Name	Middle Initial	Last Name
Social Security Number	M      F Sex (HOME INFORMATION)	Job Title

(                      )  
Phone Number

Street/P.O. Box

City	County (WORK INFORMATION)	Zip
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(                      ) Phone Number	Employer/Agency you Represent
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Street/P.O. Box

City	County	Zip
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**Do you have any disabilities which would require special consideration during your attendance at this course ?  
No \_\_\_\_ Yes \_\_\_\_ Please describe and indicate any special considerations on a separate sheet attached to this  
application. All requests for accomodations must be made 30 days prior to the start of the course.**

**(COURSE INFORMATION)**

COURSE NAME	DATE
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COURSE NAME	DATE
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**APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL.**

Signature of Applicant	Date
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Signature of County OEM Coordinator	Date
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Signature of NJOEM Regional Coordinator	Date
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